

Case Number:	CM14-0181829		
Date Assigned:	11/06/2014	Date of Injury:	01/24/2008
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 67 year old female with an injury date of 01/24/08. Based on the 09/24/14 progress report provided by [REDACTED], the patient complains of low back pain. Physical examination to the lumbar spine revealed tenderness to the lower lumbar paraspinal musculature. Range of motion was decreased, especially on extension 10 degrees. Treater states the following in progress reports dated 03/12/14, 06/25/14 and 09/24/14: "the patient noted significant improvement for several months following lumbar epidural steroid injection, but unfortunately she has a return of her pain. Treater is requesting Norco for the interim, while waiting for authorization for repeat epidural steroid injection." Diagnosis 09/24/14 - lumbar spinal stenosis. Dr. [REDACTED] is requesting Norco 10/325mg, #30 and Norco 5/325mg, #60. The utilization review determination being challenged is dated 10/17/14. [REDACTED] is the requesting provider and he provided treatment reports from 03/12/14 - 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 88-89, 78.

Decision rationale: The patient presents with low back pain. The request is for Norco 10/325mg, #30. Patient's diagnosis on 09/24/14 was lumbar spinal stenosis. Treater states the following in progress reports dated 03/12/14, 06/25/14 and 09/24/14: "the patient noted significant improvement for several months following lumbar epidural steroid injection, but unfortunately she has a return of her pain. Treater is requesting Norco for the interim, while waiting for authorization for repeat epidural steroid injection." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs (activities of daily living), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Patient has been taking Norco during the "interim wait" for at least 7 months from the UR date of 10/17/14. In this case, treater has not stated how Norco reduces pain and significantly improves her activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Norco 5/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 88-89, 78.

Decision rationale: The patient presents with low back pain. The request is for Norco 5/325mg, #60. Patient's diagnosis on 09/24/14 was lumbar spinal stenosis. Treater states the following in progress reports dated 03/12/14, 06/25/14 and 09/24/14: "the patient noted significant improvement for several months following lumbar epidural steroid injection, but unfortunately she has a return of her pain. Treater is requesting Norco for the interim, while waiting for authorization for repeat epidural steroid injection." MTUS Guidelines, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Patient has been taking Norco during the "interim wait" for at least 7 months from the UR date of 10/17/14. In this case, treater has not stated how Norco reduces pain and significantly improves her activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

